



Water Resources Program

Application for a Water Right Permit

RECEIVED

MAY 24 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

205 gpm = \$50
bles OK-EG
5.25.2010☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

50.00
ck# 1467
5/24/10
URG***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

| | | |
|--|---------------------------|------------|
| Applicant/Business Name: Dallesport Water District | Phone No: 541.980.6514 | Other No: |
| Address: PO Box 131 | | |
| City: Dallesport | State: WA | Zip: 98617 |
| Email Address (optional): | | |

| | | |
|--|---------------------------|-----------|
| Contact Name (if different from above): Dave Griffin | Phone No: 541.980.6756 | Other No: |
| Relationship to Applicant: District Manager | | |
| Address: | | |
| City: | State: | Zip: |
| Email Address (optional): dwdmanager@qnect.net | | |

| | | |
|---|-----------|-----------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use: Dallesport Water District Service Area | Phone No: | Other No: |
| Address: | | |
| City: | State: | Zip: |
| Email Address (optional): | | |

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Acquire additional water rights to meet growth related municipal water demands within the District's existing retail service area and within a planned expansion of the District's service area. Water rights to be used at two existing wells and at a future well.

Anticipated length of time to complete your project: 20 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use | Rate (check one box only) | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|-------------------|--|--|---|
| | <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM) | | |
| Municipal | 205 | 250 | Continuously |
| | | | |

| | | |
|---------------------|---------------------------------|---|
| For Ecology Use | APPLICATION NO: <u>G4-35328</u> | SEPA: Exempt/Not Exempt |
| | Fee Paid: <u>\$50.-</u> | Check No: _____ ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned _____ | By _____ | Priority Date <u>5.24.2010</u> By _____ WRIA: <u>30 Klickitat</u> |

| | | | |
|--------|-----|-----|--|
| | | | |
| | | | |
| TOTAL: | 205 | 250 | |

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

| | | | | | | | |
|--|----------|-----|-------------|---|-------|--------------------------|--|
| A.) If Surface Water Source | | | | B.) If Ground Water Source | | | |
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ | | | | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ | | | |
| Source Name: _____ | | | | Well diameter & depth: Existing wells: 6" @ 390' and 10" @ 334'; proposed well 10" @ 400' | | | |
| Tributary to: _____ | | | | Number of proposed points of withdrawal: 3 | | | |
| Number of proposed diversion points: _____ | | | | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | If available, attach Water Well Report and pump test. Well Tag ID No. Well #3 – ALC287 | | | |
| C.) Point of Diversion/Withdrawal – Legal Description | | | | | | | |
| Parcel No. | 1/4 | 1/4 | Section | Township | Range | County | |
| 02133360104500 | SW | NW | 34 | 2 | 13E | Klickitat | |
| Lot(s) | Block(s) | | Subdivision | | | Well No. 3 and new Well. | |
| 1 | C | | Dallesport | | | | |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1735 Feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and 605 feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input checked="" type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section 34. | | | | | | | |
| Parcel No. | 1/4 | 1/4 | Section | Township | Range | County | |
| 02133360120100 | SW | NW | 34 | 2 | 13E | Klickitat | |
| Lot(s) | Block(s) | | Subdivision | | | Well No. 2 | |
| 1 | E | | Dallesport | | | | |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1777 feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and 0 feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input checked="" type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section 34 | | | | | | | |

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real

| | | |
|---------------------|---------------------------------|--|
| For Ecology Use | APPLICATION NO: _____ | SEPA: Exempt/Not Exempt |
| | Fee Paid: _____ Check No: _____ | ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned _____ | By _____ | Priority Date _____ By _____ WRIA: _____ |

estate contract, property deed or title insurance policy, or copy it carefully in the space below.

| | | | | | | |
|--|-----|---------|------|-------|--------|------------|
| Dallesport Water District Retail Service Area all within Klickitat County. See attached map. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1/4 | 1/4 | Section | Twp. | Range | County | Parcel No. |
| | | | | | | |

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another’s land? ☒ YES ☐ NO
Provide owner name(s), address, and phone number: The District, as a municipal water provider, is authorized to provide water within the proposed place of use.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO
If yes, provide the water right and/or claim numbers:The District has two water rights as follows: G4-23324C and G4-25466C

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The Dallesport Water District is a municipal water system with two wells (Well No. 2 and No. 3) as shown on the attached map. A new well is proposed adjacent to Well No. 3 to meet future demands. Each of the wells pump into a 100,000 gallon tank. The District recently obtained approval of its 2009 Water System Plan which included a water use efficiency program. This water right will be withdrawn from the two existing wells and the proposed new well.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

| | |
|---|---|
| A.) Domestic Water Systems only | B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i> |
| Projected number of connections to be served: _____ | Present population to be served water: 400 _____ |
| Type of connections: _____ <i>(e.g., home, recreational cabin)</i> | Estimate future population to be served: 1500 _____ (20 year projection) |
| C.) Water System Planning | |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, date plan was approved <u>7/9/09</u> Water System Number: <u>177157</u> | |
| Name of water system: <u>Dallesport Water District</u> | |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

If yes, explain why you are unable to connect to the system: _____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☒ YES ☐ NO

If you answered yes to any of the above questions, please describe: The District has one 100,000 gallon concrete tank.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Hwy 14 westbound, turn left on US-197, right on Tidyman Rd, left on Dallesport Rd., and then right on 6th Ave.

Site Address: 318 6th Ave. Dallesport, WA

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Dave Griffin

Print Name

(Applicant or authorized representative)

[Signature]

Signature

05/20/10

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name

(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

| | | |
|--|---|--|
| *Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611 | <input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490 | <input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400 |
| | <input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000 | <input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300 |